

## Part I: CoC Organizational Structure

HUD-defined CoC Name:*	CoC Number*
<b>Southeast Nebraska CoC</b>	<b>NE-504</b>
*HUD-defined CoC names and numbers are available at: <a href="http://www.hud.gov/offices/adm/grants/fundsavail.cfm">www.hud.gov/offices/adm/grants/fundsavail.cfm</a> . If you do not have a HUD-defined CoC name and number, enter the name of your CoC and HUD will assign you a number.	

### A: CoC Lead Organization Chart

<b>CoC Lead Organization: Blue Valley Community Action, Inc.</b>		
<b>CoC Contact Person: Ardith Hoins</b>		
<b>Contact Person's Organization Name: Blue Valley Community Action, Inc.</b>		
<b>Street Address: 620 5<sup>th</sup> Street, PO Box 273</b>		
<b>City: Fairbury</b>	<b>State:NE</b>	<b>Zip: 68352</b>
<b>Phone Number: 402-729-2278</b>	<b>Fax Number: 402-729-2801</b>	
<b>Email Address: ahoins@bvca.net</b>		

CoC-A

### B: CoC Geography Chart

Using the Geographic Area Guide found on HUD's website at <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>. List the name and the six-digit geographic code number for **every** city and/or county participating within your CoC. Because the geography covered by your CoC will affect your pro rata need amount, it is important to be accurate. Leaving out a jurisdiction will reduce your pro rata need amount. For further clarification, please read the guidance in Section III.C.3.a of this NOFA regarding geographically overlapping CoC systems.

Geographic Area Name	6-digit Code
Adams County	319001
Butler County	319023
Cass County	319025
Clay County	319035
Fillmore County	319059
Gage County	319067
Jefferson County	319095
Johnson County	319097
Lancaster County	319109
Nemaha County	319127
Nuckolls County	319129

Geographic Area Name	6-digit Code
Otoe County	319131
Pawnee County	319133
Polk County	319143
Richardson County	319147
Saline County	319151
Saunders County	319155
Seward County	319159
Thayer County	319169
Webster County	319181
York County	319185

CoC-B

## CoC Structure and Decision-Making Processes

### C: CoC Groups and Meetings Chart

The purpose of the CoC Groups and Meetings Chart is to help HUD understand the current structure and decision-making processes of your CoC. List the name and role (function served) of each group in the CoC planning process. Under “CoC Primary Decision-Making Group,” identify only one group that acts as the primary leadership or decision-making group for the CoC. Indicate frequency of meetings and the number of organizations participating in each group. Under “Other CoC Committees, Sub-Committees, Workgroups, etc.” you should include any established group that is part of your CoC’s organizational structure (add rows to the chart as needed). Please limit your description of each organization’s role to 2 lines or less.

CoC-Related Planning Groups		Meeting Frequency (check only one column)				Enter the number of organizations/entities that are members of each CoC planning group listed on this chart.
		Monthly or More	Quarterly	Biannually	Annually	
<b>COC Primary Decision-Making Group</b> (list only one group)						
<b>Name</b>	<b>Southeast Nebraska Continuum of Care (regional entity)</b>	<b>X</b>				<b>16</b>
<b>Role</b>	Meets to address current issues, plan awareness initiatives, oversee data collection, determine project priorities, monitor project performance, gaps analysis & share best practices.					
<b>Other CoC Committees, Sub-Committees, Workgroups, etc.</b>						
<b>Name</b>	<b>South Central Partnership (sub-regional group)</b>	<b>X</b>				<b>40</b>
<b>Role</b>	Identifies and delivers human service solutions that will strengthen our communities for the future.					
<b>Name</b>	<b>Gage County Collaboration/Individuals, Families and Youth Committee (sub-regional group)</b>	<b>X</b>				<b>9</b>
<b>Role</b>	Assesses, develops, enhances & sustains more effective coordination & provision of services & resources for high-need families and individuals.					
<b>Name</b>	<b>SENCoC Housing Workgroup (workgroup of regional group)</b>	<b>X</b>				<b>5</b>
<b>Role</b>	Researches and identifies available funding for permanent supportive housing, collaborates with housing authorities, review availability of and the need for affordable housing.					
<b>Name</b>	<b>SENCoC Gaps Analysis Workgroup (workgroup of regional group)</b>	<b>X</b>				<b>6</b>
<b>Role</b>	Is responsible for gathering data, point-in-time survey, housing inventory survey, identifying barriers to accessing mainstream resources & suggesting ways to minimize effect of barriers.					

<b>Name</b>	<b>SENCoC Ending Chronic Homelessness Workgroup (workgroup of regional group)</b>	<b>X</b>				<b>6</b>
<b>Role</b>	Promotes & supports permanent supportive housing, fosters understanding of chronic homelessness & their needs & communicates the need for funding with legislative bodies.					
<b>Name</b>	<b>SENCoC Data Collection/Analysis Workgroup (workgroup of regional group)</b>	<b>X</b>				<b>6</b>
<b>Role</b>	Updates CoC on the progress of HMIS usage, shares problems & concerns with System Administrator, encourages non-users to become users & provides data reports semi-annually.					

CoC-C

## D: CoC Planning Process Organizations Chart

List the names of all organizations involved in the CoC under the appropriate category. If more than one geographic area is claimed on the 2006 Geography Chart (Chart B), you must indicate which geographic area(s) each organization represents in your CoC planning process. In the last columns, identify no more than two subpopulation(s) whose interests the organization is specifically focused on representing in the CoC planning process. For “Homeless Persons,” identify at least 2 homeless or formerly homeless individuals.

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2)	
<b>PUBLIC SECTOR</b>	<b>STATE GOVERNMENT AGENCIES</b>			
	Cooperative Extension Service	ADAMS COUNTY		
	Department of Human and Human Services	ALL 21 COUNTIES		
	Governor’s Commission on Housing & Homelessness	ALL 21 COUNTIES		
	NE Workforce Development	ALL 21 COUNTIES		
	Probation office	ADAMS COUNTY		
	Hastings Regional Center	ADAMS COUNTY	SMI	
	Vocational Rehabilitation	ADAMS, CLAY, NUCKOLLS, WEBSTER COUNTIES		
	US Rural Development	ADAMS COUNTY		
	<b>LOCAL GOVERNMENT AGENCIES</b>			
	Nelson Public Works Board	VILLAGE OF NELSON		
	Red Cloud City Administrator	CITY OF RED CLOUD		
	Probation – District 7	COUNTIES OF ADAMS, CLAY, NUCKOLLS & WEBSTER		
	Region 3 Behavioral Health Services	COUNTIES OF ADAMS, CLAY, NUCKOLLS, WEBSTER	SMI	
	Region 5 Systems	COUNTIES OF BUTLER, CASS, FILLMORE, GAGE, JEFFERSON, JOHNSON, NEMAHA, OTOE, PAWNEE, POLK, RICHARDSON, SALINE, SAUNDERS, SEWARD, THAYER, YORK	SMI	
	South Central Behavioral Services	ADAMS COUNTY	SMI	SA
	Veteran’s Service	ADAMS COUNTY	Vets	
	Webster Senior Service	WEBSTER COUNTY		
	<b>PUBLIC HOUSING AGENCIES</b>			
	Hastings Housing Authority	ADAMS COUNTY		
	Red Cloud Housing Authority	CITY OF RED CLOUD		
	<b>SCHOOL SYSTEMS / UNIVERSITIES</b>			
	Adams Central School	ADAMS COUNTY	Y	

	Central Community College	ADAMS COUNTY		
	Educational Service Unit #9	COUNTIES OF ADAMS, CLAY, NUCKOLLS & WEBSTER		
	Hastings College	ADAMS COUNTY		
	Hastings Public Schools	ADAMS COUNTY	Y	
	<b>LAW ENFORCEMENT / CORRECTIONS</b>			
	Adams County Sheriff Department	ADAMS COUNTY		
	City of Beatrice Police	CITY OF BEATRICE		
	Gage County Sheriff Department	GAGE COUNTY		
	Hastings Police	CITY OF HASTINGS		
	Jefferson County Sheriff	JEFFERSON COUNTY		
	Johnson County Sheriff	JOHNSON COUNTY		
	Nebraska City Police	CITY OF NEBRASKA CITY		
	Nuckolls County Sheriff	NUCKOLLS COUNTY		
	Polk County Sheriff	POLK COUNTY		
	Saline County Sheriff	SALINE COUNTY		
	Tecumseh Police Department	CITY OF TECUMSEH		
	Thayer County Sheriff	THAYER COUNTY		
	<b>LOCAL WORKFORCE INVESTMENT ACT (WIA) BOARDS</b>			
	One-Stop Center	GAGE COUNTY		
	<b>OTHER</b>			
<b>PRIVATE SECTOR</b>	<b>NON-PROFIT ORGANIZATIONS</b>			
	Adams County Food Pantry	ADAMS COUNTY		
	Adams County Senior Services	ADAMS COUNTY		
	Blue Valley Community Action	COUNTIES OF BUTLER, FILLMORE, GAGE, JEFFERSON, POLK, SALINE, SEWARD, THAYER & YORK		
	The Bridge	ADAMS COUNTY	SA	
	Central Mediation Center	CITY OF HASTINGS		
	Community Action of Mid-Nebraska	COUNTIES OF ADAMS, CLAY, NUCKOLLS & WEBSTER		
	Crisis Pregnancy Center	COUNTIES OF ADAMS, CLAY, NUCKOLLS & WEBSTER	Y	
	Family Resource Center	GAGE COUNTY		
	Genesis Personal Development Center	BUTLER COUNTY	DV	
	Habitat for Humanity	CITY OF HASTINGS		
	Hastings Family Planning	CITY OF HASTINGS		
	Head Start Child & Family Development Center	COUNTIES OF ADAMS, CLAY, NUCKOLLS & WEBSTER		
	Heartland Family Services	CASS COUNTY	DV	
	Housing Development Corporation	COUNTIES OF ADAMS, CLAY, NUCKOLLS & WEBSTER		
	League of Human Dignity	ALL 21 COUNTIES		
	Lincoln Action Program	COUNTIES OF LANCASTER & SAUNDERS		

Midlands Area Agency on Aging	COUNTIES OF ADAMS, CLAY, NUCKOLLS & WEBSTER		
Project Response	COUNTIES OF JOHNSON, NEMAHA, OTOE, PAWNEE & RICHARDSON	DV	
Southeast Nebraska Community Action	COUNTIES OF CASS, JOHNSON, NEMAHA, OTOE, PAWNEE & RICHARDSON		
SASA (Spouse Abuse/Sexual Assault)	COUNTIES OF ADAMS, CLAY, NUCKOLLS & WEBSTER	DV	
YMCA	ADAMS COUNTY		
YWCA	ADAMS COUNTY	Y	
<b>FAITH-BASED ORGANIZATIONS</b>			
Catholic Social Services	COUNTIES OF ADAMS, CLAY, NUCKOLLS & WEBSTER	DV	
Community & Social Concerns Committee	GAGE COUNTY		
Crossroads Center	ADAMS COUNTY	SA	Vets
Faith Lutheran	ADAMS COUNTY		
First Church of God	ADAMS COUNTY		
First Presbyterian	ADAMS COUNTY		
First St. Paul's Lutheran	ADAMS COUNTY		
First United Methodist	ADAMS COUNTY		
Lutheran Family Services	ADAMS COUNTY		
Salvation Army	ADAMS COUNTY		
Salvation Army	GAGE COUNTY		
St. Mark's Episcopal	ADAMS COUNTY		
<b>FUNDERS / ADVOCACY GROUPS</b>			
Church World Service	ADAMS COUNTY		
Emergency Shelter Grant/Nebraska Homeless Shelter Assistance Trust Fund	ALL 21 COUNTIES		
Hastings Community Foundation	COUNTIES OF ADAMS, CLAY, NUCKOLLS, WEBSTER		
NEBHANDS	COUNTIES OF ADAMS, CLAY, NUCKOLLS, WEBSTER		
United Way of Central Nebraska	COUNTIES OF ADAMS, CLAY, NUCKOLLS, WEBSTER		
<b>BUSINESSES (BANKS, DEVELOPERS, BUSINESS ASSOCIATIONS, ETC.)</b>			
Ferrone Associates	ADAMS COUNTY		
Horizon Recovery	ALL 21 COUNTIES		
Therapist – General Counseling – Kathy Gruba	COUNTY OF ADAMS		
<b>HOSPITALS / MEDICAL REPRESENTATIVES</b>			
Beatrice Community Hospital	GAGE COUNTY AND ALL SURROUNDING COUNTIES		
Brodstone Memorial Hospital	NUCKOLLS COUNTY		
Mary Lanning Hospital	ADAMS COUNTY AND ALL SURROUNDING COUNTIES		
South Heartland District Health Dept	COUNTIES OF ADAMS, CLAY, NUCKOLLS, WEBSTER		

	Webster County Hospital	WEBSTER COUNTY		
	<b>HOMELESS PERSONS</b>			
	Catholic Social Services Advisory Board	COUNTIES OF ADAMS, CLAY, NUCKOLLS & WEBSTER	DV	
	Individual	ADAMS COUNTY		
	<b>OTHER</b>			
	South Central Drug Prevention Coalition	COUNTIES OF ADAMS, CLAY, NUCKOLLS, & WEBSTER	Y	

Subpopulations Key: Serious Mentally Ill (SMI), Substance Abuse (SA), Veterans (VETS), HIV/AIDS (HIV), Domestic Violence (DV), and Youth (Y).

## E: CoC Governing Process Chart

HUD is moving toward providing greater definition and setting standards on the governing process of Continuums of Care. Check the box for each question below, and explain briefly if necessary.

	Yes	No
1. Does the CoC have a separate planning and decision-making body/entity that is broadly representative of the public and private homeless service sectors, including homeless client/consumer interests? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is the primary decision-making entity composed of at least 65 percent representation by the private sector (including consumer interests)? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Is the primary decision-making entity membership selected in an open and democratic process by the CoC membership? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is there a Chair and Co-Chair representing both the private and public sector at the same time, with staggered 2-year terms and the Chair position rotating between the private and public sectors? If no, please explain. <i>As a rural Continuum of Care, membership is primarily from the private sector. Consequently, the Chair and Co-Chair are from the private sector. It is hoped that more leadership roles will be held by the public sector as their membership increases. Currently, nominations for Chair and Co-Chair are not based on public or private representation. Nominations are now based on the best candidates at the time.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Has the CoC developed a Code of Conduct for the CoC decision-making entity and its Chair and Co-chair? If no, please explain. <i>The CoC plans to adopt a Code of Conduct during the coming year.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. The Chair and Co-Chair and all members of the CoC decision-making entity may not participate in decisions concerning awards of grants or provision of financial benefits to such member or the organization that such member represents. Have they excused themselves from considering projects in which they have an interest? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Does the CoC have a fiscal agent designated to receive funds from HUD?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

8. If your Continuum has not yet complied with **any** of the above broad standards for the CoC planning and decision-making process, please describe the extent to which your CoC will meet each guideline by the 2007 competition.

*As explained in #4 and #5, the Continuum will strive to recruit leadership from the public sector as it continues to grow. A Code of Conduct will be drafted by leadership and adopted at a Continuum membership meeting in the fall of 2006.*

CoC-E

## F: CoC Project Review and Selection Chart

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. Please mark all appropriate boxes to indicate all of the methods and processes the CoC used in 2006 to assess project(s) performance, effectiveness, and quality, particularly with respect to the Project Priorities Chart (CoC-Q). This applies to new and renewal projects. Check all that apply:

<b>1. Open Solicitation</b>			
a. Newspapers	<input type="checkbox"/>	e. Outreach to Faith-Based Groups	<input checked="" type="checkbox"/>
b. Letters to CoC Membership	<input checked="" type="checkbox"/>	f. Announcements at CoC Meetings	<input checked="" type="checkbox"/>
c. Responsive to Public Inquiries	<input checked="" type="checkbox"/>	g. Announcements at Other Meetings	<input checked="" type="checkbox"/>
d. Email CoC Membership/Listserv	<input checked="" type="checkbox"/>		
<b>2. Objective Rating Measures and Performance Assessment</b>			
a. CoC Rating & Review Committee Exists	<input checked="" type="checkbox"/>	j. Assess Spending (fast or slow)	<input checked="" type="checkbox"/>
b. Review CoC Monitoring Findings	<input type="checkbox"/>	k. Assess Cost Effectiveness	<input checked="" type="checkbox"/>
c. Review HUD Monitoring Findings <i>Have not had HUD monitoring this year</i>	<input type="checkbox"/>	l. Assess Provider Organization Experience	<input checked="" type="checkbox"/>
d. Review Independent Audit	<input checked="" type="checkbox"/>	m. Assess Provider Organization Capacity	<input checked="" type="checkbox"/>
e. Review HUD APR	<input checked="" type="checkbox"/>	n. Evaluate Project Presentation	<input checked="" type="checkbox"/>
f. Review Unexecuted Grants <i>Not applicable</i>	<input type="checkbox"/>	o. Review CoC Membership Involvement	<input checked="" type="checkbox"/>
g. Site Visit(s)	<input type="checkbox"/>	p. Review Match	<input checked="" type="checkbox"/>
h. Survey Clients	<input type="checkbox"/>	q. Review Leveraging	<input checked="" type="checkbox"/>
i. Evaluate Project Readiness	<input checked="" type="checkbox"/>		
<b>3. Voting/Decision System</b>			
a. Unbiased Panel / Review Committee	<input checked="" type="checkbox"/>	e. All CoC Present Can Vote	<input type="checkbox"/>
b. Consumer Representative Has a Vote	<input checked="" type="checkbox"/>	f. Consensus	<input type="checkbox"/>
c. CoC Membership Required to Vote	<input checked="" type="checkbox"/>	g. Abstain if conflict of interest	<input checked="" type="checkbox"/>
d. One Vote per Organization	<input checked="" type="checkbox"/>		

CoC-F



## G: CoC Written Complaints Chart

Were there any written complaints received by the CoC regarding any CoC matter in the last 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, briefly describe the complaints and how they were resolved.	

CoC-G

## Part II: CoC Housing and Service Needs

### H: CoC Services Inventory Chart

Using the format below, list the provider organizations and identify the service components currently being provided within your CoC. Place the name of each provider organization only once in the first column (add rows to the chart as needed), followed by an “X” in the appropriate column(s) corresponding to the service(s) provided by the organization. CoCs will only need to update this chart every other year.

(1)  Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Affiliates				X						X	X	X						
Arbor Training and Education										X					X	X		X
Blue Rivers Area Agency on Aging																		X
Blue Valley Community Action	X	X	X	X					X	X			X		X	X	X	X
Blue Valley Mental Health				X							X	X						
Butler County Rural Transit																		X
CATCH / CALL-CARE				X									X					
Catholic Social Services	X	X	X	X		X			X	X		X			X	X	X	X
Central Community College															X			
CISDA				X												X		
Community Action of Mid-Nebraska	X	X	X	X					X	X			X		X	X	X	X
Community & Social Concerns Committee	X	X	X															
Crisis Pregnancy Center					X				X	X								
Crossroads Center						X			X	X						X		X
Experience Works																X		

(1)  <b>Provider Organizations</b>	(2) <b>Prevention</b>					(3) <b>Outreach</b>			(4) <b>Supportive Services</b>									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Family Resource Center																	X	
Family Services									X									
Fillmore County Rural Transit Service																		X
Genesis Personal Development Center				X					X	X								
Health & Human Services – Dept of			X										X	X	X	X	X	X
Housing Development Corporation				X						X								
League of Human Dignity									X									
Lincoln Action Program	X	X	X	X					X	X								
Nuckolls County Transportation																		X
Project Response		X	X	X				X	X	X								X
Saline County Area Transit																		x
Region 3 Behavioral Health Services		X	X															
Region 5 Systems		X	X															
Salvation Army – Beatrice	X	X	X	X														X
Salvation Army - Hastings	X	X	X	X		X			X	X								
Seward County Transportation																		X
South Central Behavioral Services				X					X	X	X	X						
Southeast Nebraska Community Action	X	X	X	X					X	X					X	X	X	X
SASA (Spouse Abuse/Sexual Assault)	X	X	X	X	X	X		X	X	X	X	X	X		X	X	X	X
The Bridge									X	X	X	X						
Veteran’s Service Offices	X	X	X	X					X									X
Vocational Rehabilitation									X						X	X	X	X
Webster County Transportation																		X
Workforce Development															X	X		
York Busy Wheels/Handibus																		X
YWCA				X						X								

CoC-H

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## **CoC Housing Inventory and Unmet Needs**

### **I: CoC Housing Inventory Charts**

This section includes three housing inventory charts—for emergency shelter, transitional housing, and permanent housing. Note that the information in these charts should reflect a point-in-time count. For the Permanent Housing Inventory Chart, the beds listed under “new inventory” should indicate beds that became available for occupancy for the first time between February 1, 2005 and January 31, 2006. For complete instructions in filling out this section, see the Instructions section at the beginning of the application.

## I: CoC Housing Inventory Charts

Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart													
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <div>□</div>	Target Pop		Year-Round			Total Year-Round Beds	Other Beds	
						A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seas-onal	Overflow & Voucher
Current Inventory			Ind.	Fam.									
Blue Valley Community Action--- Family & Community Services Blue Valley Crisis Intervention	1 single family unit	5	na	3	319185	M	DV	1	3	0	3	0	3
	2 single family units	F	na	5	319067 319095	DV		2	5	0	5	0	2
Catholic Social Services	Motel vouchers	P	na	na	319001	FC	-	0	0	0	0	0	3
Community Action of Mid-Nebraska	Motel vouchers	5	na	na	319001	FC	-	0	0	0	0	0	3
Crossroads Center	On-site shelter facility	5	16	13	319001	M	-	3	13	16	29	0	2
Genesis Personal Development Center	1 on-site shelter	F	na	0	319023	DV	-	5	5	0	5	0	0
Project Response	1 single family unit	F	na	0	319127	M	DV	3	11	0	11	0	2
Salvation Army – Beatrice	Motel vouchers	N	na	na	319067	FC	-	0	0	0	0	0	4
Salvation Army – Hastings	Motel vouchers	N	na	na	319001	FC	-	0	0	0	0	0	4
Southeast Nebraska Community Action	Motel vouchers	5	na	na	319147	M	-	0	0	0	0	0	4
Spouse Abuse/Sexual Assault (SASA)	1 on-site shelter	F	na	0	319001	M	DV	3	8	0	8	0	0
	Motel vouchers	F	na	0	319001	M	DV	0	0	0	0	0	4
SUBTOTALS:					SUBTOT. CURRENT INVENTORY:			17	45	16	61	0	31

New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)			Ind.	Fam.												
Crossroads Center	On-site shelter facility	5	12	11	319001	M	-	3	11	12	23	-0-	-0-			
Project Response	On site shelter	F	-0-	1	319131	M	DV	1	3	-0-	3	-0-	-0-			
SUBTOTALS:					SUBTOTAL NEW INVENTORY:			4	14	12	26	-0-	-0-			
Inventory Under Development		Anticipated Occupancy Date														
Blue Valley Community Action	1 single family unit	June 2006			319067	M	-	1	3	-0-	3	-0-	-0-			
Crossroads Center	On-site shelter	December 2006			319001	SMF	-	-0-	-0-	23	23	-0-	-0-			
SUBTOTAL INVENTORY UNDER DEVELOPMENT:								1	3	23	26	-0-	-0-			
Unmet Need								UNMET NEED TOTALS:			-0-	-0-	-0-	-0-	-0-	-0-
1. Total Year-Round Individual ES Beds:				16	4. Total Year-Round Family Beds:								45			
2. Year-Round Individual ES Beds in HMIS:				16	5. Year-Round Family ES Beds in HMIS:								16			
3. HMIS Coverage Individual ES Beds: Divide line 2 by line 1 and multiply by 100. Round to a whole number.				100%	6. HMIS Coverage Family ES Beds: Divide line 5 by line 4 and multiply by 100. Round to a whole number.								35.6%			

CoC-I

## I: CoC Housing Inventory Charts

Transitional Housing: Fundamental Components in CoC System – Housing Inventory Chart															
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <div></div>	Target Pop		Year-Round			Total Year-Round Beds				
						A	B	Family Units	Family Beds	Individ. Beds					
Current Inventory			Ind.	Fam.											
Blue Valley Community Action	SHP Project FIRST	5	na	57	319167	FC	-	20	57	-0-	57				
The Bridge	Substance Abuse housing	N	0	na	319001	SF	-	-0-	-0-	10	10				
Catholic Social Services	SHP DV victims	5	na	18	319001	FC	DV	6	18	-0-	18				
SUBTOTALS:			0	75	SUBTOT. CURRENT INVENTORY:			26	75	10	85				
New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)			Ind.	Fam.											
SUBTOTALS:					SUBTOTAL NEW INVENTORY:			-0-	-0-	-0-	-0-				
Inventory Under Development		Anticipated Occupancy Date													
South Central Behavioral	Pathways Plaza	February 2006			319001	FC	Y	2	4	0	4				
SUBTOTAL INVENTORY UNDER DEVELOPMENT:								2	4	0	4				
Unmet Need								UNMET NEED TOTALS:				-0-	9	10	19
1. Total Year-Round Individual TH Beds:			10	4. Total Year-Round Family Beds:							75				
2. Year-Round Individual TH Beds in HMIS:			0	5. Year-Round Family TH Beds in HMIS:							75				
3. HMIS Coverage Individual TH Beds: Divide line 2 by line 1 and multiply by 100. Round to a whole number.			0%	6. HMIS Coverage Family TH Beds: Divide line 5 by line 4 and multiply by 100. Round to a whole number.							100%				

CoC-I

## I: CoC Housing Inventory Charts

Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart											
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <div></div>	Target Population		Year-Round			Total Year-Round Beds
						A	B	Family Units	Family Beds	Individual/ CH Beds	
Current Inventory			Ind.	Fam.							
SUBTOTALS:					SUBTOT. CURRENT INVENTORY:		-0-	-0-	-0-	-0-	
New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)			Ind.	Fam.							
SUBTOTALS:					SUBTOTAL NEW INVENTORY:		-0-	-0-	-0-	-0-	
Inventory Under Development		Anticipated Occupancy Date									
Region 3 Behavioral Health Services	Rental Assistance for SMI	September 2006			319001 319035 319129 319181	SMI		-0-	-0-	5	5
Region 7 Systems	Rental Assistance for SMI	September 2006			319023 319059 319067 319095 319097 319127 319131 319133 319143 319147 319151 319155 319159 319169 319185	SMI		-0-	-0-	11	11

SUBTOTAL INVENTORY UNDER DEVELOPMENT:			-0-	-0-	16	16	
Unmet Need		UNMET NEED TOTALS:		-0-	-0-	5	5
1. Total Year-Round Individual PH Beds:	0	4. Total Year-Round Family Beds:				0	
2. Year-Round Individual PH Beds in HMIS:	0	5. Year-Round Family PH Beds in HMIS:				0	
3. HMIS Coverage Individual PH Beds: (Divide line 2 by line 1 and multiply by 100. Round to a whole number.)	0	6. HMIS Coverage Family PH Beds: (Divide line 5 by line 4 and multiply by 100. Round to a whole number.)				0	

\*Permanent Supportive Housing is: S+C, Section 8 SRO and SHP-Permanent Housing component. It also includes any permanent housing projects, such as public housing units, that have been dedicated exclusively to serving homeless persons.

CoC-I



## J: CoC Housing Inventory Data Sources and Methods Chart

Complete the following charts based on data collection methods and reporting for the Housing Inventory Chart, including Unmet Need determination. The survey must be for a 24-hour point-in-time count during the last week of January 2006.

<b>(1) Indicate date on which Housing Inventory count was completed: <u>1/27/2005</u> (mm/dd/yyyy)</b>	
<b>(2) Identify the <u>primary</u> method used to complete the Housing Inventory Chart (check one):</b>	
<input checked="" type="checkbox"/>	<b>Housing inventory survey to providers</b> – CoC distributed a housing inventory survey (via mail, fax, or e-mail) to homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input checked="" type="checkbox"/>	<b>On-site or telephone housing inventory survey</b> – CoC conducted a housing inventory survey (via phone or in-person) of homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input type="checkbox"/>	<b>HMIS</b> – Used HMIS data to complete the Housing Inventory Chart
<b>(3) Indicate the percentage of providers completing the housing inventory survey:</b>	
<u>90</u> %	Emergency shelter providers
<u>67</u> %	Transitional housing providers
<u>na</u> %	Permanent Supportive Housing providers ( <i>No McKinney-Vento funded projects at this time.</i> )
<b>(4) Indicate steps to ensure data accuracy for 2006 Housing Inventory Chart (check all that apply):</b>	
<input checked="" type="checkbox"/>	<b>Instructions</b> – Provided written instructions for completing the housing inventory survey.
<input checked="" type="checkbox"/>	<b>Training</b> – Trained providers on completing the housing inventory survey.
<input checked="" type="checkbox"/>	<b>Updated prior housing inventory information</b> – Providers submitted updated 2005 housing inventory to reflect 2006 inventory.
<input checked="" type="checkbox"/>	<b>Follow-up</b> – CoC followed-up with providers to ensure the maximum possible response rate and accuracy of the housing inventory survey.
<input type="checkbox"/>	<b>Confirmation</b> – Providers or other independent entity reviewed and confirmed information in 2006 Housing Inventory Chart after it was completed.
<input type="checkbox"/>	<b>HMIS</b> – Used HMIS to verify data collected from providers for Housing Inventory Chart.
<input type="checkbox"/>	<b>Other</b> – specify:
<b>Unmet Need:</b>	
<b>(5) Indicate type of data that was used to determine unmet need (check all that apply):</b>	
<input checked="" type="checkbox"/>	Sheltered count (point-in-time)
<input checked="" type="checkbox"/>	Unsheltered count (point-in-time)
<input checked="" type="checkbox"/>	Housing inventory (number of beds available)
<input type="checkbox"/>	Local studies or data sources – specify:
<input type="checkbox"/>	National studies or data sources – specify:
<input checked="" type="checkbox"/>	Provider opinion through discussions or survey forms
<input type="checkbox"/>	Other – specify:
<b>(6) Indicate the <u>primary</u> method used to calculate or determine unmet need (check one):</b>	
<input type="checkbox"/>	<b>Stakeholder Discussion</b> – CoC stakeholders met and reviewed data to determine CoC's unmet need
<input type="checkbox"/>	<b>Calculation</b> – Used local point-in-time (PIT) count data and housing inv. to calculate unmet need
<input type="checkbox"/>	<b>Applied statistics</b> – Used local PIT enumeration data and applied national or other local statistics
<input checked="" type="checkbox"/>	<b>HUD unmet need formula</b> – Used HUD's unmet need formula*
<input type="checkbox"/>	<b>Other</b> – specify:
<b>(7) If your CoC made adjustments to calculated unmet need, please explain how and why.</b>	
There were no adjustments this year.	

\*For further instructions, see Questions and Answers Supplement on the CoC portion of <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

## CoC Homeless Population and Subpopulations

### K: CoC Point-in-Time Homeless Population and Subpopulations Chart

Complete the following chart based on the most recent point-in-time count conducted. Part 1 and Part 2 must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. Include homeless Hurricane Katrina evacuees in Parts 1 and 2, and complete Part 3 if applicable. Part 3 may be completed using point-in-time information or may be estimated if no point-in-time count has been done since September 1, 2005. Completion of a point-in-time count of sheltered and unsheltered homeless persons during the last week in January 2006 is not required. The next required point-in-time count of sheltered and unsheltered homeless persons must be completed during the last week of January 2007. For further instructions for filling out this section, see the Instructions section.

Indicate date of last point-in-time count: 1/26/2006 (mm/dd/yyyy)

Part 1: Homeless Population	Sheltered		Unsheltered	Total		
	Emergency	Transitional				
Number of Families with Children (Family Households):	4	30	-0-	34		
1. Number of Persons in Families with Children:	20	89	-0-	109		
2. Number of Single Individuals and Persons in Households without Children:	39	1	4	44		
(Add Lines Numbered 1 & 2) Total Persons:	59	90	4	153		
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total		
a. Chronically Homeless (For sheltered, list persons in emergency shelter <i>only</i> )	6		3	9		
b. Severely Mentally Ill	7		* 1	8		
c. Chronic Substance Abuse	12		* 2	14		
d. Veterans	2		* 1	3		
e. Persons with HIV/AIDS	0		* 0	0		
f. Victims of Domestic Violence	27		* 0	27		
g. Unaccompanied Youth (Under 18)	0		* 0	0		
If applicable, complete the following section to the extent that the information is available. Be sure to indicate the source of the information by checking the appropriate box:						
Data Source: <input checked="" type="checkbox"/> Point-in-time count OR <input type="checkbox"/> Estimate						
Part 3: Hurricane Katrina Evacuees	Sheltered		Unsheltered	Total		
Total number of Katrina evacuees	26		0	26		
Of this total, enter the number of evacuees homeless <b>prior to</b> Katrina	2		0	2		

\*Optional for Unsheltered

CoC-K

## L: CoC Homeless Population and Subpopulations Data Sources & Methods Chart

Complete the following charts based on the most recent point-in-time count conducted.

### L-1: Sheltered Homeless Population and Subpopulations

<b>(1) Check the <u>primary</u> method used to enumerate sheltered homeless persons in the CoC (check one):</b>		
<input type="checkbox"/>	<b>Point-in-Time (PIT) <u>no interview</u></b>	Providers did not interview sheltered clients during the point-in-time count
<input type="checkbox"/>	<b>PIT <u>with interviews</u></b>	Providers interviewed each sheltered individual or household during the point-in-time count
<input checked="" type="checkbox"/>	<b>PIT <u>plus sample of interviews</u></b>	Providers conducted a point-in-time count <b>and</b> interviewed a random sample of sheltered persons or households (for example, every 5th or 10th person)
<input type="checkbox"/>	<b>PIT <u>plus extrapolation</u></b>	Information gathered from a sample of interviews with sheltered persons or households is extrapolated to the total sheltered population
<input type="checkbox"/>	<b>Administrative Data</b>	Providers used administrative data (case files, staff expertise) to complete client population and subpopulation data for sheltered homeless persons
<input type="checkbox"/>	<b>HMIS</b>	CoC used HMIS to complete the point-in-time sheltered count and subpopulation information
<input type="checkbox"/>	<b>Other</b>	please specify:
<b>(2) Indicate steps taken to ensure data quality of the sheltered homeless enumeration (check all that apply):</b>		
<input checked="" type="checkbox"/>	<b>Instructions</b>	Provided written instructions to providers for completing the sheltered point-in-time count
<input checked="" type="checkbox"/>	<b>Training</b>	Trained providers on completing the sheltered point-in-time count
<input checked="" type="checkbox"/>	<b>Remind and Follow-up</b>	Reminded providers about the count and followed up with providers to ensure the maximum possible response rate and accuracy
<input type="checkbox"/>	<b>HMIS</b>	Used HMIS to verify data collected from providers for the sheltered point-in-time count
<input type="checkbox"/>	<b>Other</b>	please specify:
<b>(3) How often will sheltered counts of sheltered homeless people take place in the future?</b>		
<input type="checkbox"/>	Biennial (every two years)	
<input checked="" type="checkbox"/>	Annual	
<input type="checkbox"/>	Semi-annual	
<input type="checkbox"/>	Other – please specify:	
<b>(4) Month and Year when next count of sheltered homeless persons will occur: <u>Jan 2007</u></b>		
<b>(5) Indicate the percentage of providers completing the populations and subpopulations survey:</b>		
<u>80</u> %	Emergency shelter providers	(8 of 10)
<u>67</u> %	Transitional housing providers	(2 of 3)
<u>na</u> %	Permanent Supportive Housing providers	(no providers)

CoC-L-1

## L-2: Unsheltered Homeless Population and Subpopulations\*

<b>(1) Check the primary method used to enumerate unsheltered homeless persons in the CoC:</b>	
<input checked="" type="checkbox"/>	<b>Public places count</b> – CoC conducted a point-in-time count <u>without</u> client interviews
<input type="checkbox"/>	<b>Public places count with interviews</b> – CoC conducted a point-in-time count and interviewed every unsheltered homeless person encountered during the public places count
<input type="checkbox"/>	<b>Sample of interviews</b> – CoC conducted a point-in-time count and interviewed a random sample of unsheltered persons
<input type="checkbox"/>	<b>Extrapolation</b> – CoC conducted a point-in-time count and the information gathered from a sample of interviews was extrapolated to total population of unsheltered homeless people counted
<input type="checkbox"/>	<b>Public places count using probability sampling</b> – High and low probabilities assigned to designated geographic areas based on the number of homeless people expected to be found in each area. The CoC selected a statistically valid sample of each type of area to enumerate on the night of the count and extrapolated results to estimate the entire homeless population.
<input type="checkbox"/>	<b>Service-based count</b> – Interviewed people using non-shelter services, such as soup kitchens and drop-in centers, and counted those that self-identified as unsheltered homeless persons
<input type="checkbox"/>	<b>HMIS</b> – Used HMIS to complete the enumeration of unsheltered homeless people
<input type="checkbox"/>	<b>Other</b> – please specify:
<b>(2) Indicate the level of coverage of the point-in-time count of unsheltered homeless people:</b>	
<input type="checkbox"/>	<b>Complete coverage</b> – The CoC counted every block of the jurisdiction
<input checked="" type="checkbox"/>	<b>Known locations</b> – The CoC counted areas where unsheltered homeless people are known to congregate or live
<input type="checkbox"/>	<b>Combination</b> – CoC counted central areas using complete coverage and also visited known locations
<input type="checkbox"/>	<b>Used service-based or probability sampling</b> (coverage is not applicable)
<b>(3) Indicate community partners involved in point-in-time unsheltered count (check all that apply):</b>	
<input type="checkbox"/>	<b>Outreach teams</b>
<input checked="" type="checkbox"/>	<b>Law Enforcement</b>
<input checked="" type="checkbox"/>	<b>Service Providers</b>
<input checked="" type="checkbox"/>	<b>Community volunteers</b>
<input checked="" type="checkbox"/>	<b>Other</b> – please specify: <b>Churches</b>
<b>(4) Indicate steps taken to ensure the data quality of the unsheltered homeless count (check all that apply):</b>	
<input checked="" type="checkbox"/>	<b>Training</b> – Conducted a training for point-in-time enumerators
<input type="checkbox"/>	<b>HMIS</b> – Used HMIS to check for duplicate information
<input type="checkbox"/>	<b>Other</b> – specify:
<b>(5) How often will counts of unsheltered homeless people take place in the future?</b>	
<input type="checkbox"/>	Biennial (every two years)
<input checked="" type="checkbox"/>	Annual
<input type="checkbox"/>	Semi-annual
<input type="checkbox"/>	Quarterly
<input type="checkbox"/>	Other – please specify:
<b>(6) Month and Year when next count of unsheltered homeless persons will occur: <u>Jan. 2007</u></b>	

\*Please refer to 'A Guide to Counting Unsheltered Homeless People' for more information on unsheltered enumeration techniques.

CoC-L-2

# CoC Homeless Management Information System (HMIS)

## M: CoC HMIS Charts

CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information is to be as of the date of application submission.

### M-1: HMIS Lead Organization Information

Organization Name: Blue Valley Community Action	Contact Person: Ardith M. Hoins
Phone: 402-279-2278	Email: ahoins@bvca.net
Organization Type: State/local government <input type="checkbox"/> Non-profit/homeless provider <input checked="" type="checkbox"/> Other <input type="checkbox"/>	

CoC-M-1

### M-2: List HUD-defined CoC Name(s) and Number(s) for every CoC included in HMIS

#### Implementation:

HUD-Defined CoC Name*	CoC #	HUD-Defined CoC Name*	CoC #
Southeast Nebraska CoC	NE-504		

\*Find HUD-defined CoC names & numbers at: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

CoC-M-2

### M-3: HMIS Implementation Status

HMIS Data Entry Start Date for your CoC (mm/yyyy)	or	Anticipated Data Entry Start Date for your CoC (mm/yyyy)	If no current or anticipated data entry date, indicate reason: <input type="checkbox"/> New CoC in 2006 <input type="checkbox"/> Still in planning/software selection process <input type="checkbox"/> Still in initial implementation process
May 2005			

CoC-M-3

### M-4: Client Records\*\*

Calendar Year	Total Client Records Entered in HMIS / Analytical Database (Duplicated)	Total Unduplicated Client Records Entered in HMIS / Analytical Database
2004	-0-	-0-
2005	4,143 (147 homeless)	4,137 (146 homeless)

CoC-M-4

### M-5: HMIS Participation\*\*

a) HMIS participation by program type and funding source (please review instructions)			
Program Type	Total number of agencies	Number of agencies participating in HMIS <u>receiving</u> HUD McKinney-Vento funds	Number of agencies participating in HMIS <u>not</u> receiving HUD McKinney- Vento funds
Street Outreach	2	0	0
Emergency Shelter	10	NA	3
Transitional Housing	2	2	0
Permanent Supportive Housing	0	0	0
<b>TOTALS:</b>	14	2	3
b) Definition of bed coverage in HMIS (please review instructions)			
Program Type	Date achieved or anticipate achieving 75% bed coverage (mm/yyyy)		
Emergency Shelter (all beds)	<b>Without DV beds, achieved 2/06 With DV beds, will not achieve based on decision not to participate.</b>		
Transitional Housing (all beds)	<b>February 2006</b>		

Permanent Supportive Housing (McKinney-Vento funded beds only)	<b>CoC has no McKinney-Vento beds</b>
<b>Challenges and Barriers:</b> Briefly describe any significant challenges/barriers the CoC has experienced in: <ol style="list-style-type: none"> <li> <b>HMIS implementation</b>            Because Nebraska chose to proceed with a Statewide system using ServicePoint, the implementation time has been longer than originally planned. Currently, there are three System Administrators covering the State of Nebraska, excluding Omaha (they are joining in July 2006). The System Administrator who covers the Southeast NE CoC service also covers three other CoC areas. Therefore, the training and implementation time has been a challenge due to long distances, the number of users (21 licenses in our CoC) to train, and the number of agencies requesting customization of the system to fit their needs. However, this last year a lot of progress has been achieved. Six of the major service providers of emergency shelter and transitional housing are participating. The challenges expressed from participating agencies include the staff time to enter a family and the learning curve for workers who are not accustomed to data systems. The agencies/programs who work with domestic abuse victims are not using the HMIS per the instructions from their state coalition and their state funding source. There is little encouragement that they will. So to reach 75% coverage of emergency beds may be unreachable unless we can discount those beds.         </li> <li> <b>HMIS Data and Technical Standards Final Notice requirements</b>            Because of the fear of identity theft, there are a few persons who are reluctant or have refused to give us their Social Security numbers.         </li> </ol>	

\*\*For further instructions on charts M-4 and M-5, see Instructions section at the beginning of application.

CoC-M-5

#### **M-6: Training, Data Quality and Implementation of HMIS Data & Technical Standards**

<b>1. Training Provided (check all that apply)</b>	<b>YES</b>	<b>NO</b>
Basic computer training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HMIS software training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Privacy / Ethics training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Security Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
System Administrator training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2. CoC Process/Role</b>		
Is there a plan for aggregating all data to a central location, at least annually?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there a plan to monitor compliance with HMIS Data & Technical Standards Final Notice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3. Data Collection Entered into the HMIS</b>		
Do all participating agencies submit universal data elements for <b>all</b> homeless persons served?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do all agencies required to complete a HUD APR, except agencies meeting the definition of domestic violence provider, submit program level data elements to HMIS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>4. Security: Participating agencies have:</b>		
Unique username and password access?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secure location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Locking screen savers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Virus protection with auto update?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Individual or network firewalls?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Restricted access for HMIS accessed via public forums (e.g. PKI digital certificates or IP filtering)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>5. Security: Agency responsible for centralized HMIS data collection and storage has:</b>		
Procedures for off-site storage of HMIS data?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disaster recovery plan that has been <u>tested</u> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>6. Privacy Requirements</b>		
Have additional State confidentiality provisions been implemented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there a "Purpose for data collection" sign at each intake desk for all participating agencies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does each participating agency have a written privacy policy, including the uses and disclosures of information	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does each participating agency have a privacy policy posted on its website (if applicable)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7. Data Quality: CoC has protocols for:</b>		
Client level data quality (i.e. missing birth dates etc.)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Program level data quality (i.e. data not entered by agency in over 14 days)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Assessing CoC bed coverage (i.e. % of beds)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8. Unduplication of Client Records: CoC process:</b>		
Uses data in the HMIS exclusively to generate unduplicated count?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Uses data integration or data warehouse to generate unduplicated count?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CoC-M-6

## Part III: CoC Strategic Planning

### N: CoC 10-Year Plan, Objectives, and Action Steps Chart

Please provide local action steps and measurable achievements for attaining each of the 5 national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals to permanent housing. In the column labeled "Lead Person," please list one individual that is responsible for ensuring that the objective is met. You may list additional CoC objectives as needed. Please note that your Continuum will be reporting on your achievements with respect to each of these objectives in the 2007 application.

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	Local Action Steps (How are you going to do it? List action steps to be completed within the next 12 months.)	Measurable Achievement in 12 months	Measurable Achievement in 5 years	Measurable Achievement in 10 years	Lead Person (Who is responsible for accomplishing CoC Objectives?)
1. Create new PH beds for chronically homeless persons.	a. Enlist an entity to apply for & operating a S+C Program b. Obtain technical assistance on S+C requirements c. Work with the city on zoning issues d. Educate the community on the need for & advantages of such a program e. Provide support to S+C applicant f. Apply for funding.	0 beds	4 beds	8 beds	Paul Spence, chair, CoC Ending Chronic Homeless Workgroup

<b>Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing</b>	<b>Local Action Steps</b>	<b>Measurable Achievement in 12 months</b>	<b>Measurable Achievement in 5 years</b>	<b>Measurable Achievement in 10 years</b>	<b>Lead Person</b>
2. Increase percentage of homeless persons staying in PH over 6 months to 71%.	a. Pilot the TH projects b. Provide an instrument for tracking the length of stay c. Institute a system in HMIS for providers to track length of stay in PH d. Train persons to provide renter/homeowner educational material to those who have acquired PH e. Develop a plan to include other service providers within the next year	71% of TH served	71% of all hmls served	73% of all hmls served	Christine Cook and Ardith Hoins, TH project leaders
3. Increase percentage of homeless persons moving from TH to PH to 61%.	a. Integrate renter/homeowner educational materials into the TH project to increase success in PH stay b. Utilize the State housing website to find available housing c. Utilize EITC & encourage to save returns for rent/utilities	65%	70%	75%	Tom Schik, Chair, Housing Workgroup
4. Increase percentage of homeless persons becoming employed by 11%.	a. Establish a baseline of the number of homeless persons who have become employed. b. Institute a system in HMIS for providers to track those becoming employed c. Target 4 service providers to track homeless persons becoming employed the first year d. Promote women to non-traditional occupations e. Establish partnership with employers to provide employment opportunities f. Utilize Workforce Development to learn of the jobs available in area. g. Work with agencies to link persons who are homeless to those agencies who provide employment services (i.e. Vocational Rehabilitation, Experience Works, Workforce Development, etc.)	No Base line established Goal 25%	30%	35%	Sonja Rahe Chavez, Co-Chair, Unmet Needs/Gaps Workgroup



	h. Inform homeless persons of educational opportunities in which to improve employability skills i. Encourage those homeless who do not have a GED to obtain one & provide support when possible				
5. Ensure that the CoC has a functional HMIS system.	a. Secure user licenses for CoC members b. Continue to provide training and technical assistance for new users c. Provide feedback to System Administrator on problems or concerns d. Run reports for CoC e. Give a report each month on status of HMIS f. Analyze data to examine unmet needs g. Continue to access HMIS funding for CoC	90% error free	92% error free	95% error free	Ardith Hoins, chair, Data Collection / Analysis Workgroup

#### Other CoC Objectives in 2006

1. Strengthen the partnership with the Homeless Liaison of the local school districts & the homeless service providers in the CoC area	a. Send a list of emergency shelter & transitional housing providers to the local school Homeless Liaison b. Inform the Liaison of all services available to homeless persons c. Inform all CoC members of the education rights of homeless children	List sent; Hmlss Liaison presents to CoC	All School liaisons are well informed	All School liaisons are well informed	Julie Pribyl, Co-Chair, Unmet Needs/Gaps Workgroup
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CoC-N

### O: CoC Discharge Planning Policy Chart

HUD McKinney-Vento homeless assistance funds are **not** to be used for projects that target persons being discharged from publicly funded institutions or systems of care. Check “Yes” or “No” in each box, as appropriate. \*If “Yes” is indicated for “Formal Protocol Finalized” or “Formal Protocol Implemented,” include a brief summary of the formal protocol for each applicable system category. Your response in this section should take up less than 2 pages.

Publicly Funded Institution(s) or System(s) of Care in CoC Geographic Area	Initial Discussion	Protocol in Development	Formal Protocol Finalized*	Formal Protocol Implemented*
Foster Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Health Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Corrections	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Foster Care: State policy addresses discharge from state foster care, out-of-home care, and general custody. A Policy and Procedures Manual guides the work of Protection and Safety. Discharge planning protocols seek to ensure a smooth transition from wardship to community living, connecting youth to needed community supports, while recognizing the strengths and needs of the ward. The protective service worker plan ensures that the youth continues to receive supported living into adulthood (the age of majority, which is 19) and reflects the need for any continuity of programmed services, such as educational and vocational services. The Transitional Plan to Adult Living through the school district is to be used for those receiving special education services. Wards with other mental or physical disabilities are linked to specialized support services to make the transition to living within the community. While a case is closed when the ward/youth reaches the age of majority, the youth should maintain significant relationships and be connected to future case management when warranted. (The Policy & Procedures Manual is currently under revision. (5/2006) At the regional and local level, relationships are built between service providers and foster care workers through interagency councils and other local coordinating councils, which facilitate addressing the needs of youth locally.

Health Care: Since there are 20 health care facilities in our CoC area, protocols have been formalized with them, as they are all separate entities. We plan to begin with the larger facilities in formalizing protocol.

Mental Health: When an individual is committed to a State Regional Center, the discharge planning process starts. The goal is to return the individual to the community and the appropriate level of housing and needed services (if required). All planned discharges include appropriate housing and community services. The Nebraska Housing Related Assistance Program, authorized under Neb. Rev. Stat. 71-812(3) and consistent with the intent of Nebraska's Behavioral Health Reform, is to help those who are experiencing extreme housing burden. To be eligible, the adult has a serious mental illness; an Individual Service Plan with a goal of independent living; has HHSS Authorized Behavioral Health Services; has documented efforts to fully exhaust local options available in seeking rental assistance administered by local housing authorities and/or other entities; is Extremely Low Income; and (f) meets one of the following criteria: is discharged from an inpatient mental health commitment; is eligible to move from a residential level of care to independent living to make room for a person being discharged from an inpatient mental health commitment; is at risk of an inpatient mental health commitment, at least in part because of lack of affordable independent housing.

Corrections: Case managers are responsible for conducting discharge planning for assigned caseloads. The intent of discharge planning is to prepare the inmate for release and transition to the community. As much as possible, inmates are encouraged to enroll in the pre-release program; this is mandatory for NE Corrections Youth Facility inmates. The discharge plan consists of educational or vocational goals, a housing plan and consideration of behavioral health plan for a continuum of care upon release. The plan is revised at regular interviews. The final discharge plan is completed to those discharging without the benefit of parole at least 90 days prior to discharge. This final plan reviews the reasons for discharge without parole and is used to aid the transition into the community. Each facility must develop procedures for coordinating community resources to assist in the final discharge plan. Written procedures are in place for releasing inmates. (Last revised 5/18/2005.) There is a need for our CoC to work with county correction facilities to address discharge planning challenges at the local level.

CoC-O

## P: CoC Coordination Chart

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of the existing homeless system and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs. Answer each question in the checkbox provided, using an X to indicate Yes or No for each.

<b>Consolidated Plan Coordination</b>	<b>YES</b>	<b>NO</b>
a. Do Con Plan planners, authors and other Con Plan stakeholders participate in CoC general planning meetings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Do CoC members participate in Con Plan planning meetings, focus groups, or public forums?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Were CoC strategic plan goals addressing homelessness and chronic homelessness used in the development of the Con Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Jurisdictional 10-year Plan Coordination</b>		
a. Are there separate formal jurisdictional 10-year Plan(s) being developed and/or being implemented within your CoC geography? (If No, you may skip to the next section of this chart.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Do 10-year Plan conveners, authors and other stakeholders participate in CoC general planning meetings?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have 10-year Plan participants taken steps to align their planning process with the local CoC plan?	<input type="checkbox"/>	<input type="checkbox"/>
d. Were CoC strategic plan goals used in the development of the 10-year Plan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
e. Provide the number of jurisdictions within your CoC geography that have formally implemented a 10-year plan(s).		
<b>Policy Academy* Coordination</b>	<b>YES</b>	<b>NO</b>
a. Do CoC members participate in State Policy Academy meetings, focus groups, public forums, or listservs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Were CoC strategic plan goals adopted by the CoC as a result of communication/coordination with the State Policy Academy Team?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Has the CoC or any of its projects received state funding as a result of its coordination with the State Policy Academy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Public Housing Agency Coordination</b>		
a. Do CoC members meet with CoC area PHAs to improve coordination with and access to mainstream housing resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Coordination with State Education Agencies</b>		
a. Did the CoC provide the state education agency with a list of emergency and transitional housing facilities located within the CoC boundaries that serve families with school-age children or school-age unaccompanied youth under the age of 18?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

\*A State Policy Academy is a state-level process designed to help state and local policymakers improve access to mainstream services for people who are homeless. For more information about getting involved in a State Policy Academy, see <http://www.hrsa.gov/homeless>.

CoC-P

## CoC 2006 Funding Priorities

### Q: CoC Project Priorities Chart

For further instructions for filling out this section, see the Instructions section.

HUD-defined CoC Name:*						CoC #:			
(1) <b>SF-424 Applicant Name</b>  (Please Remove Examples)	(2) <b>Project Sponsor Name</b>	(3) <b>Project Name</b>	(4) <b>Priority</b>	(5) <b>Requested Project Amount ***</b>	(6) <b>Term</b>	(7) <b>Program and Component Type**</b>			
						SHP  New	SHP Renewal	S+C  New	SRO  New
Catholic Social Services	Catholic Social Services	Supportive Housing Program	1	\$ 113,345	1		TH		
Blue Valley Community Action	Blue Valley Community Action	Project FIRST	2	\$ 195,342	1		TH		
Blue Valley Community Action	Blue Valley Community Action	HMIS	3	\$ 49,354	2		HMIS		
<b>(8) Subtotal: Requested Amount for CoC Competitive Projects:***</b>				<b>\$ 358,041</b>					
<b>(9) Shelter Plus Care Renewals:****</b>						<b>S+C Component Type**</b>			
			7		1				
<b>(10) Subtotal: Requested Amount for S+C Renewal Projects:</b>				<b>\$ -0-</b>					
<b>(11) Total CoC Requested Amount:</b>				<b>\$ 358,041</b>					

CoC-Q

\*HUD-defined CoC names & numbers are available at: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

\*\*Place the component type (PH, TRA etc.) under the appropriate program for each project in column 7.

\*\*\*The requested project amount **must not** exceed the amount entered in the project summary budget in Exhibit 2. If the project summary budget exceeds the amount shown on this priorities list, the **project budget will be reduced** to the amount shown on the CoC Project Priorities Chart.

\*\*\*\*For the Shelter Plus Care Renewals priority number, please continue project numbering from the top portion of the chart – please **do not** restart S+C project priority numbering from 1.

## R: CoC Pro Rata Need (PRN) Reallocation Chart

(Only for Eligible Hold Harmless CoCs)

CoCs that receive the 1-year Hold Harmless PRN amount may reduce or eliminate one or more of the SHP grants eligible for renewal in the 2006 CoC competition. CoCs may reallocate the funds made available through this process to create new permanent housing project(s). These new project(s) may be for SHP, S+C, and Section 8 SRO projects and their respective eligible activities.

**Advisory Warning:** According to the CoC competitive process, a CoC that scores below the initial funding line will not have the new projects on this chart funded. As such, the reallocated funds that had been used for renewals would no longer be available to the CoC.

<b>1. Will your CoC be using the PRN reallocation process?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
<b>If Yes</b> , explain the open decision making process the CoC used to reduce and/or eliminate projects (use no more than one-half page).						
<b>2. Enter the total 1-year amount of <i>all</i> SHP projects that are eligible for renewal in 2006, which amount you have verified with your field office:</b>					<i>Example:</i> \$530,000	\$
<b>3. Starting with the total entered above for question 2, subtract the amount your CoC proposes to use for new permanent housing projects, and enter the remaining amount:</b> <i>(In this example, the amount proposed for new PH projects is \$140,000)</i>					<i>Example:</i> \$390,000	\$
<b>4. Enter the Reduced or Eliminated Grant(s) in the 2006 Competition</b>						
<b>(1) Expiring Grants</b>	<b>(2) Program Code</b>	<b>(3) Component</b>	<b>(4) Annual Renewal Amount</b>	<b>(5) Reduced Amount</b>	<b>(6) Retained Amount from Existing Grant</b>	
<b>(7) TOTAL:</b>			-0-	-0-	-0-	
<b>5. Newly Proposed Permanent Housing Projects in the 2006 Competition</b>						
<b>(8) 2006 Project Priority Number</b>	<b>(9) Program Code</b>	<b>(10) Component</b>	<b>(11) Transferred Amounts</b>			
<b>(12) TOTAL:</b>			-0-			

CoC-R

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### S: CoC Project Leveraging Summary Chart

HUD homeless program funding is limited and can provide only a portion of the resources needed to successfully address the needs of homeless families and individuals. HUD encourages applicants to use supplemental resources, including State and local appropriated funds, to address homeless needs.

Enter the name of your Continuum and list the total amount of leveraged resources available. To get this number, find the total at the bottom of the Project Leveraging Chart for all Exhibit 2 project applications, add up all of these the totals, and enter this single number in the chart below. Complete only one chart for the entire CoC (do **not** add any rows). Provide information **only** for contributions for which you have a **written commitment in hand at the time of application**.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Continuum	Total Value of Written Commitment
Southeast NE CoC	\$ 248,252

CoC-S

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### T: CoC Current Funding and Renewal Projections Chart

Congress has asked HUD to provide estimates of expected renewal amounts over the next five years. Please complete the chart below to help HUD arrive at the most accurate estimate possible. For further instructions in filling out this chart, see the Instructions section.

## T: CoC Current Funding and Renewal Projections

Supportive Housing Program (SHP) Projects:													
Type of Housing			All SHP Funds Requested (Current Year)		Renewal Projections								
			2006		2007		2008		2009		2010		2011
Transitional Housing (TH)			\$ 308,687		\$ 308,687		\$ 308,687		\$ 308,687		\$ 308,687		
Safe Havens-TH													
Permanent Housing (PH)													
Safe Havens-PH													
SSO													
HMIS			\$ 49,354		0		\$ 49,354		0		\$ 49,354		
Totals			\$ 358,041		\$ 308,687		\$ 358,041		\$ 308,687		\$ 358,041		
Shelter Plus Care (S+C) Projects:													
Number of Bedrooms		All S+C Funds Requested (Current Year)		Renewal Projections									
		2006		2007		2008		2009		2010		2011	
		Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$
0													
1													
2													
3													
4													
5													
Totals													

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## Part IV: CoC Performance

### U: CoC Achievements Chart

Enter the goals and action steps that you that you listed on your 2005 CoC application and briefly describe measurable achievements in the past 12 months. The information provided in the first two columns should be the same as provided in the 2005 CoC application. Add rows as needed.

Goals	Action Steps	Measurable Achievements
<b>Chronic Homelessness Goals</b>		
1. Increase housing availability of permanent supportive housing within the decade for persons experiencing chronic homelessness	<ul style="list-style-type: none"><li>a. Work with South Central Behavioral Services to explore their capability to offer housing.</li><li>b. Work with local Community Housing Development Organizations (CHDO) to determine feasibility within our area.</li></ul>	<ul style="list-style-type: none"><li>1. Chronic Homeless Committee members met with Sue Ellermier of South Central Behavioral Services regarding the development of housing for the Severely Mentally Ill. Because they are already serving the SMI population, they are interested in partnering with CoC agencies to serve the chronically homeless individuals in the region.</li><li>2. The Committee met with Linda Addison, Housing Development Corporation Executive Director, to discuss options for development of Permanent Supportive Housing Units....individual apartments for the chronically homeless. Interest was expressed in working with service providers in partnering to provide housing for the chronically homeless. They can provide the housing but would need a partner to provide the needed support services to ensure housing stability.</li></ul>



Goals	Action Steps	Measurable Achievements
<b>Chronic Homelessness Goals</b>		
2. Increase the reliability & quality of data on housing & supportive services of the chronic homeless.	a. Fully implement HMIS with participation from all emergency shelter & transitional housing providers. b. Educate those counting on the definition of chronic homeless. c. Review data to discover problems with data entry & the identification of chronic homeless.	1. Six service providers, members of the SE NE CoC, are inputting data on HMIS, a statewide database. 2. The definition of chronic homeless is reviewed periodically. 3. The System Administrator attends the CoC meetings. Reports are given each month on the progress. Concerns and problems are also shared and discussed especially as related to chronic homeless.
3. Inform SNCoC on Housing First model.	a. Study information from St. Patrick Center in St. Louis. b. Attend informative session at Housing & Homeless Conference on Housing First. c. Share information with SNCoC members d. Investigate the feasibility of incorporating that strategy in SNCoC area.	1. Four members attended the annual NE Housing and Homeless Conference in August 2005. Presentation was given to the assembly as well as a breakout session regarding a very successful Housing First program. 2. Information was shared with the CoC group. 3. CoC continues to view Housing First as an option for serving the chronic homeless as funding options are sought.
4. End practice of discharging to homelessness from mental health facilities & correctional facilities.	a. Refine & continue to update regional policies on discharge planning & working with chronically homeless persons based on input from the stat Ad Hoc committee on discharge planning & policies. b. Report to the state Nebraska Homeless Assistance Program staff persons any situations of discharge to homelessness through an established system.	1. Policies are in place with Mental Health, Corrections and Foster Care. Because there is not a state agency for the health care system, policies are not in place. 2. Service providers who are funded through the state homeless program report problematic situations of discharge in the above mentioned systems to the State Coordinator who passes the information to the appropriate State agency.

Goals	Action Steps	Measurable Achievements
<b>Other Homelessness Goals</b>		
1. Increase access to mainstream resources including non-English speaking persons & other cultures.	a. Promote 2-1-1 in southeast NE, an information service accessible by phone to increase awareness of area specific services b. Develop and air public service announcements regarding hunger and homeless issues c. Create and maintain a website for use by all sectors of the population and subcultures d. Update brochure in English & Spanish e. Present information in a “fun” method by way of booth at annual Nebraska Housing and Homeless Conference	1. 2-1-1 is available in eleven of the CoC 21 counties (Adams, Butler, Cass, Clay, Jefferson, Lancaster, Nuckolls, Polk, Saunders, Thayer & Webster) 2. During Hunger & Homeless Awareness week, several public service announcements were aired. 3. The CoC brochure has been updated. 4. A booth was present at the Housing and Homeless Conference featuring events in our CoC.
2. Strengthen SNCoC by increasing participation by 5 new entities.	a. Formalize outreach policy to submit to the state in concurrence with the Nebraska Continuum of Care guidelines. b. Target 10 entities to inform and educate about SNCoC and invite them to participate c. Provide one-on-one contact to inform them of history, reason for existence and benefits of participation.	1. Outreach procedure has been developed in the CoC. 2. Four new entities are attending.
3. Increase opportunities to prevent entry into homelessness by individuals & families.	a. Have at least 3 service providers be trained in “Rent Wise,” a program that offers curriculum to educate on how the skills of being a good renter. b. Assist providers in applying for funding to assist in prevention activities, i.e. rent/utility assistance, case management, etc.	1. Seven individuals from the five CoC entities attended a one-day training on Rent Wise, a curriculum to teach good rental practices. 2. Three individuals from the CoC will be trained in June 2006 at a Train the Trainer Rally. 3. Plans are to incorporate this info in the SHP transitional housing programs.

CoC-U

## V: CoC Chronic Homeless (CH) Progress Chart

This chart should be based on January 2006 point-in-time counts. For further instructions in filling out this chart, please see the Instructions section.

Year	(1) Number of CH Persons	(2) Number of PH beds for the CH	(3) New PH beds for the CH between Feb. 1, 2005 – Jan. 31, 2006	(4) Identify the cost of the <u>new</u> CH beds from each funding source			
				Public			Private
				Federal	State	Local	
2004	12	0					
2005	3	0					
2006	3	0	0	\$ 0	\$ 0	\$ 0	\$ 0
(5) Briefly describe the reason(s) for any changes in the total number of the chronically homeless between 2005 and 2006 (use less than one-half page).							

CoC-V

## W: CoC Housing Performance Chart

The following chart will assess your CoC's progress in reducing homelessness by helping clients move to and stabilize in permanent housing, access mainstream services and gain employment. Both housing and supportive services projects in your CoC will be examined. Provide information from the most recently submitted APR for the appropriate RENEWAL project(s) on your CoC Project Priorities Chart. **Note:** If you are not submitting any renewals in this year's competition for the applicable areas presented below, check the appropriate box in the chart.

1. Participants in Permanent Housing		
HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP projects include both SHP-PH and SHP-Safe Haven PH renewals. Complete the following chart utilizing data based on the <u>preceding operating year</u> from APR Question 12(a) and 12(b) for PH projects included on your CoC Priority Chart:		
<input checked="" type="checkbox"/>	No applicable PH renewals are on the CoC Project Priorities Chart	APR Data
<input type="checkbox"/>	All PH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who <b>exited</b> PH project(s)—APR Question 12(a)	
b.	Number of participants who did <b>not leave</b> the project(s)—APR Question 12(b)	
c.	Number who <b>exited</b> after staying 7 months or longer in PH—APR Question 12(a)	
d.	Number who did <b>not leave</b> after staying 7 months or longer in PH—APR question 12(b)	
e.	Percentage of all participants in PH projects staying 7 months or longer (c. + d. divided by a. + b. multiplied by 100 = e.)	%

<b>2. Participants in Transitional Housing (TH)</b>		
HUD will be assessing the percentage of all TH clients who moved to a permanent housing situation. TH projects include SHP-TH and SHP-Safe Haven/TH <i>not</i> identified as permanent housing. Complete the following chart utilizing data based on the <u>preceding operating year</u> from APR Question 14 for TH renewal projects included on your CoC Priorities Chart.		
<input type="checkbox"/>	No applicable TH renewals are on the CoC Project Priorities Chart	APR Data
<input checked="" type="checkbox"/>	<b>All TH renewal projects with APRs submitted are included in calculating the responses below</b>	
a.	Number of participants who exited TH project(s)—including unknown destination	<b>28</b>
b.	Number of participants who moved to PH	<b>22</b>
c.	Percent of participants in TH projects who moved to PH (b. divided by a. multiplied by 100 = c.)	<b>78.6%</b>
CoC-W		

### X: Mainstream Programs and Employment Project Performance Chart

HUD will be assessing the percentage of clients in all your renewal projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for each of the renewal projects included on your CoC Priority Chart. For further instructions for filling out this section, see the Instructions section at the beginning of the application.

<input type="checkbox"/>	No applicable renewal projects for the Mainstream Programs and Employment Chart included in the CoC Priorities Chart.
<input checked="" type="checkbox"/>	<b>All non-HMIS renewal projects on the CoC Priorities Chart that submitted an APR are included in calculating the responses below.</b>

(1) Number of Adults Who Left (Use same number in each cell)	(2) Income Source	(3) Number of Exiting Adults with Each Source of Income	(4) Percent with Income at Exit (Col 3÷Col 1 x 100)
28	a. SSI	0	0 %
28	b. SSDI	0	0 %
28	c. Social Security	0	0 %
28	d. General Public Assistance	0	0 %
28	e. TANF	4	14.3 %
28	f. SCHIP	9	32.1 %
28	g. Veterans Benefits	0	0 %
28	<b>h. Employment Income</b>	<b>13</b>	<b>46.4 %</b>
28	i. Unemployment Benefits	0	0 %
28	j. Veterans Health Care	0	0 %
28	k. Medicaid	9	32.1 %
28	l. Food Stamps	13	46.4 %
28	m. Other (please specify) child support	3	10.7 %
28	n. No Financial Resources	6	21.4 %

CoC-X

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## Y: Enrollment and Participation in Mainstream Programs Chart

It is fundamental that your CoC *systematically* helps homeless persons identify, apply for and follow-up to receive benefits under **SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.** Which policies are currently in place in your CoC to help clients secure these mainstream benefits for which they are eligible?

Check those activities implemented by a <b>majority</b> of your CoC's homeless assistance providers (check all that apply):	
<input checked="" type="checkbox"/>	A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.
<input checked="" type="checkbox"/>	The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.
<input checked="" type="checkbox"/>	The CoC contains a specific planning committee to improve CoC-wide participation in mainstream programs.
<input type="checkbox"/>	A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.
<input type="checkbox"/>	The CoC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.
<input type="checkbox"/>	The CoC has specialized staff whose only responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.
<input checked="" type="checkbox"/>	The CoC coordinates with the State Interagency Council(s) on Homelessness to reduce or remove barriers to accessing mainstream services.

CoC-Y

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## Z: Unexecuted Grants Awarded Prior to the 2005 CoC Competition Chart

Provide a list of all HUD McKinney-Vento Act awards made prior to the 2005 competition that are not yet under contract (i.e., signed grant agreement or executed ACC).

Project Number	Applicant Name	Project Name	Grant Amount
		<b>Total:</b>	-0-

CoC-Z

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## AA: CoC Participation in Energy Star Chart

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to promote energy efficiency, and are specifically encouraged to purchase and use Energy Star labeled products. For information on the Energy Star initiative go to: <http://www.energystar.gov>.

Have you notified CoC members of the Energy Star initiative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Percentage of CoC projects on CoC Priority Chart using Energy Star appliances: <u>na</u> %

CoC-AA

**AB: Section 3 Employment Policy Chart**

	YES	NO
1. Is any project in your CoC requesting HUD funds for housing rehabilitation or new construction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. If you answered yes to Question 1: Is the project requesting \$200,000 or more?	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. If you answered yes to Question 2: What activities will the project undertake to ensure that employment and other economic opportunities are directed to low- and very low-income persons, per the Housing and Urban Development Act of 1968 (known as "Section 3")?</p> <p><b>Check all that apply:</b></p> <p><input type="checkbox"/> The project will have a preference policy for hiring low- and very low-income persons residing in the service area or neighborhood where the project is located, and for hiring Youthbuild participants/graduates.</p> <p><input type="checkbox"/> The project will advertise at social service agencies, employment and training centers, community centers, or other organizations that have frequent contact with low- and very low-income individuals, as well as local newspapers, shopping centers, radio, etc.</p> <p><input type="checkbox"/> The project will notify any area Youthbuild programs of job opportunities.</p> <p><input type="checkbox"/> If the project will be awarding competitive contracts of more than \$100,000, it will establish a preference policy for "Section 3 business concerns"* that provide economic opportunities and will include the "Section 3 clause"** in all solicitations and contracts.</p>		
<p>*A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; <u>or</u> at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; <u>or</u> evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided.</p> <p>**The "Section 3 clause" can be found at 24 CFR Part 135.</p>		

CoC-AB